

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

110789899

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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30		/				
31		/				
32		2				
33		2				
34		/				
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44		/				
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46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51		/						
52		/						
53		/						
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98								
99								
100								
TOTAL IND.	3		←		←		←	
TOTAL DEP.	51		←		←		←	
TOTAL CLAIMS	54							